Psychiatric Wings of medical colleges/Government run Mental Hospitals in various States. The Central Government supplements the efforts of State Government under National Mental Health Programme. So far, the Central Government have supported 106 districts under District Mental Health Programme, 55 Medical colleges upto Rs. 50 lakhs per Medical College for strengthening of Psychiatric Wing, 20 Mental hospitals for modernization/upgradation upto Rs. 3.00 crores per mental hospital.

Increase of MMR

507. SHRIMATI S.G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that according to a UNICEF report, in India only 34 per cent of the deliveries take place in health facilities with the percentage even higher in the rural areas;
- (b) whether it is also a fact that due to the above maternal mortality rate goes up; and
- (c) whether it is also a fact that the UNICEF had also said in its report that the health system has failed to provide even basic health care facilities in many areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTHAND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) As per the District Level Household Survey II (2002-04) Report, the Institutional Delivery Rate in India is 40.5%, and as per the National Family Health Survey-III (2005-06) Report, it is 41% all over India and 31% in the rural areas. The results of both the surveys are at Statement-I and Statement-II (see below).

It is true that institutional delivery can take care of complications during delivery and can thereby reduce maternal mortality.

The Government of India, with a view to increase access to quality health care including services Safe Motherhood, has launched the National Rural Health Mission (NRHM) with special emphasis on improving the health status of rural population throughout the country. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM (2005-2012) and the RCH Programme Phase II, services will be strengthened through:

* Implementation of the Janani Suraksha Yojana (JSY) a scheme to promote Institutional Delivery for reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by providing quality Maternal Care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system alongwith **cash assistance** to pregnant women with a special focus on Low Performing States.

In Low Performing States (LPS), all women including SC/STs delivering in the Govt. Health Centre, General ward of Distt. And States Hospitals and accredited Private Institutions get the benefits of cash assistance scheme. (LPS: Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and Jammu & Kashmir).

In High Performing States (HPS) and North Eastern States, all BPL women aged 19 years and above, all SC/ST women delivering in Govt. Health Centers, General wards of Distt. & State Hospitals and Accredited Private Institutions get the benefits of cash assistance.

Scale of cash assistance is higher in LPS and has got an ASHA component

- * Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.
- * Ensuring skilled attendance at every birth both in the community and Institutions.
- Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.
- * Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years.
- * Strengthening of sub-centre by providing a flexi fund of Rs. 10,000/
 for utilizing at the sub-center to improve the service delivery.
 The fund shall be operated jointly by the Local Panchayat Representative and ANM.
- * Organizing of Village Health & Nutrition Day at Anganwadi center at least once in every month.
- * Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Statement-I

DLHS-II (2002-04)47.6 29.5 27.8 9.99 35.5 43.5 89.2 33.2 29.1 43.2 98.3 62.6 2,3 4.4 62.1 5 8 Safe Delivery Key Maternal Health Indicators Rapid Household Survey-DLHS I (98-99) & DLHS II (2002-04) (98-99) 31.9 55.9 59.9 27.5 81.2 59.8 19.0 5.2 32.7 97.4 32.7 54.7 33.4 82.4 O) DLHS-11 (2002-02) 609 26.8 23.0 20.2 97.8 28.2 57.9 48.9 52.2 58.0 31.4 60.5 35.1 22.4 4.2 86.1 Total Institutional 8 Delivery (66-86) DLHS-I 20.6 215 20.2 23.8 14.9 97.0 40.5 22.5 78.8 19 25.7 800 25.4 57.1 (2002-04) DLHS-II Antenatal check-up 51.4 43.3 42.6 9.6 48.7 48.5 32.8 6.96 38.6 72.0 82.5 33.3 80.1 50.1 88.1 88 Ø Three or more (66-96) DLHS-I 87.5 29.2 55.0 28.0 65.8 43.7 50. 28.3 94.2 4.5 413 983 78.0 17.1 S (2002-04)DLHS-II 61.5 37.9 87.6 52.2 3, 78.9 75.9 89.5 73.4 87.6 91.5 74.1 67.6 68 1 200 Any Antenatal 8 Checkup OLHS-1 (98-99) 72.9 87.6 52.3 65.3 22.23 56.0 29.7 79.1 88.9 99.3 52.4 87.2 77.7 3 3 MAJOR STATES (Population > 20 million) Si.No. State/UT/Agency Madhya Pradesh Andhra Pradesh Chhattisgarh Maharashtra Tarnii Nadu **Sharkhand** Rajasthan Karnataka Haryana ~ All India Assam Gujarat Punjab Kerala Orissa Bihar V çį 5 =

-	2	3	4	5	9	7	80	6	10	
16.	16. Uttar Pradesh	46.8	57.8	19.6	24.7	16.2	22.4	20:8	28.7	
17.	17. West Bengal	84.1	2.06	55.4	28.0	38.9	46.3	45.6	54.1	
=	SMALLER STATES/U.T.s (population < 20 million	million)						-		
7	Arunachal Pradesh	44.4	58.6	25.6	40.9	26.3	34.8	28.1	37.7	
8	Delhi	89.5	81.4	77.2	67.3	20.0	49.9	73.7	59.9	
roj	Goa (North)	98.4	6.96	95.2	84.2	93.7	91.2	95.1	93.3	
4,	Himachal Pradesh	87.2	91.0	57.2	68.0	31.7	45.1	36.3	51.4	
က်	Jammu & Kashmir	58.1	7.78	40.4	9.08	4.44	70.5	46.8	73.2	
69	Manipur	71.2	8.77	48.5	58.2	£.	44.6	49.9	87.8	RA
7	Meghalaya	55.0	6.46	33.5	43.8	33.4	30.9	35.6	3,5	JY
89	Mizoram	80.4	74.3	.9.99	56.3	58.9	52.6	62.9	9.09	AS.
တ်	Nagaland	45.8	55.6	21.7	33.1	13.4	17.8	25.1	29.6	AB
ξ	Sikkin	63.2	89.5	40.6	67.9	32.3	58.6	36.7	6.19	HA
Ξ	11. Tripura	69.2	82.2	51.0	66.4	46.1	62.4	48.3	65.1	
5	12. Uttaranchai		\$2.6		28.0		23.7		32.5	
≡	UNION TERRITORIES									
÷	A & N Islands	95.9	97.9	92.3	96.5	68.4	74.8	71.3	76.9	
r,	Chandigarh	79.6	90.5	73.0	75.6	2.79	47.4	71.2	59.1	[2
c i.	D & N Haveli	9 06	0.96	74.6	79.1	25.9	46.5	27.6	54.7	Mai
4	Daman & Diu (Daman)	95.1	296.7	80.7	83.7	63.2	68.1	9.02	71.5	ch,
ιĠ	Lakshadweep	99.4	8.66	98.3	9.96	71.3	79.9	74.1	83.8	20
ø	Pondicherry	8.66	100.0	95.8	97.9	92.2	97.2	93.4	98.5	07]

Statement-II

Name of the state	Name of the Population state Covered		Any ANC	NC NC		Three	ANC	<u>=</u> 0	Three ANC Institutional Delivery		= 60	IFA tablets Consumed for 90 days	for s	Nerse State	IFA tablets Birth Attended by unsumed for SEA (Doctor, 90 days Nurse, LHV, ANM, other health personnel)	Sor. ANIM.		PNC within 2 days	rithin 3/8
		ž	2	S	ž	Z	2	ž	¥	2	ž	2	2	Σ	Z	NI NZ N3 N1 NZ	ž	₹	S
All India	Urban	\$	28	<u>6</u>	1	,	73.7	8	~ 73.7 58 65	8	ı	34.5	34.5	t ·	1	75.2	ŧ	1	60.7
	Rural	8	8	2	ı	ı	42.8	17	- 42.8 17 25	ਲ	ı	1	18.1	1		39.1	1	1	28.1
	Total	8	8	65 66 77 439 44.2 50.7 26 34 41 - + 22.3 33.0 42.4 46.2	43.9	4.2	50.7	8	8	4	ŧ	1	22.3	33.0	42.4	48.2	1	ı	36.4